

1. PLACE OF DEATH:

(a) County January 15 1942. Pettis
(b) City or town La Monte Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 Years (Specify whether years, months or days)
In this community 75 Years

3. (a) PRINT FULL NAME Samantha Jane Hainline

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife 2 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Oct 7 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Montgomery Co Ky
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Louis Pasely
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Polly Anna Smith.
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs D.E. Mc Nair
(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof I - I7 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 1-17-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town La Monte
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 14
1942 to Jan 15 1942
that I last saw him alive on Jan 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death 91 yrs + 4 Mo. Senility Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1626

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature W. E. Halper (M. D. or other) M.D.

Address La Monte Mo Date signed 1-15-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

A. J. Garner

Licensed Embalmer No. 1592

P. O. Address La Mesa, Cal.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.